



STATE OF RHODE ISLAND
 DEPARTMENT OF REVENUE
 DIVISION OF TAXATION
 One Capitol Hill, Providence, RI 02908

MONTHLY REPORT OF SHOW PROMOTER
 LOCATED WITHIN THE STATE OF RHODE ISLAND

For the month of20.....

Name of Promoter.....Permit No. P-.....

Address of Promoter.....

(DUE ON OR BEFORE THE TWENTIETH (20TH) DAY OF THE MONTH FOLLOWING THE MONTH COVERED)

Attach separate Schedule A for each show location

SCHEDULE A

Address of Show _____ Dates of Show _____

List below the names, addresses and sales tax permit numbers of every person you permitted to display or sell tangible personal property, services or food and/or beverages at the above location. Attach additional sheets if necessary.

NAME	ADDRESS	SALES TAX PERMIT NO.
SIGNATURE	TITLE	DATE